

# VISA APPLICATION

Please print or type in block letters.

Incorrect information may result in rejection of your application, annulment of visa already granted or denial of permission to enter the Russian Federation.

<p><b>1. Nationality</b> (if you formerly had USSR or Russian nationality, please indicate when you lost it)</p> <input style="width: 100%; height: 15px;" type="text"/>	<p style="text-align: center;"><b>To be filled by the Consulate employee!</b></p> <p>Гражданство: _____</p> <p>Фамилия: _____</p> <p>Имя, другие имена, отчество: _____</p> <p>Если изменяли, то фамилия, имя, другие имена или отчество до изменения: _____</p> <p>Дата рождения: _____ Пол _____</p> <p>Цель поездки в Россию: _____</p> <p>В какое учреждение: _____</p> <p>Маршрут следования (пункты): _____</p> <p>Дата начала действия визы: _____</p> <p>Дата окончания действия визы: _____</p> <p>Категория, вид и кратность визы: _____</p>																				
<p><b>2. Surname</b> (as in passport)</p> <input style="width: 100%; height: 15px;" type="text"/>																					
<p><b>3. First name, patronymic</b> (as in passport)</p> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>																					
<p><b>4. Date of birth</b> (dd/mm/yy)</p> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	<p><b>5. Sex</b> M <input type="checkbox"/> F <input type="checkbox"/></p>																				
<p><b>6. Purpose of visit</b></p> <input style="width: 100%; height: 15px;" type="text"/>																					
<p><b>7. Russian organization to be visited</b></p> <input style="width: 100%; height: 15px;" type="text"/>																					
<p><b>8. Route of journey</b> (points of destination)</p> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>																					
<p><b>9. Date of entry</b> (dd/mm/yy)</p> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	<p><b>10. Date of departure</b> (dd/mm/yy)</p> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>																				
<p><b>11. Passport number</b></p> <input style="width: 100%; height: 15px;" type="text"/>	<p><b>12. Date of expiry</b> (dd/mm/yy)</p> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>																				
<p><b>13. Name and reference number of the tourist group</b></p> <input style="width: 100%; height: 15px;" type="text"/>																					
<p><b>14. Do you have medical insurance policy valid in Russia?</b></p> <p>yes <input type="checkbox"/> document <input style="width: 100%; height: 15px;" type="text"/> no <input type="checkbox"/></p>																					
<p><b>15. Number of previous trips to Russia</b></p> <input style="width: 100%; height: 15px;" type="text"/>	<p><b>16. Date of last trip to Russia</b> (dd/mm/yy)</p> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>																				
<p><b>17. Children under 16 traveling with you</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Surname</th> <th style="width: 25%;">First name</th> <th style="width: 15%;">Date of birth (dd/mm/yy)</th> <th style="width: 20%;">Home address</th> </tr> </thead> <tbody> <tr> <td style="height: 15px;"></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> <td><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> </tr> <tr> <td style="height: 15px;"></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> <td><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> </tr> <tr> <td style="height: 15px;"></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> <td><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></td> <td><input style="width: 100%; height: 15px;" type="text"/></td> </tr> </tbody> </table>		Surname	First name	Date of birth (dd/mm/yy)	Home address		<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	
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<p><b>I declare that the data given in the VISA APPLICATION are correct</b></p> <p><b>Date</b> (dd/mm/yy)</p> <input style="width: 100%; height: 25px;" type="text"/>	<p><b>18. Other surnames used</b> (maiden, religious, etc.)</p> <input style="width: 100%; height: 15px;" type="text"/>																				
<p><b>Personal signature</b></p> <input style="width: 100%; height: 30px;" type="text"/>	<p><b>19. Home address</b> (house number, street name, flat number, town, post code)</p> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>																				
	<p><b>20. Place of birth</b> (if born in Russia, please indicate when and to what country you emigrated)</p> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>																				
	<p><b>21. Present occupation, name and address of employer or school</b> (for students)</p> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>																				
	<p><b>22. Are any of your relatives staying in Russia now?</b> (full name, patronymic, date of birth, permanent address)</p> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>																				

Please glue passport size photo here